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Pharmaceuticals Drug Threat Assessment

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Key Findings

Abuse of prescription drugs increased sharply through the 1990s, appears to have stabilized by 2002, and may now be declining. Emergency department mentions of narcotic analgesics increased more than 160 percent from 1995 through 2002, and those of benzodiazepines increased 40 percent during the same period. From 1992 through 2002, treatment admissions for opiates other than heroin increased more than 200 percent.

The availability of pharmaceuticals has increased since the late 1990s when legitimate production of pharmaceuticals increased sharply, making more pharmaceuticals available for illegal diversion.

Pharmaceuticals pose an increasing threat to the United States. National Drug Intelligence Center (NDIC) National Drug Threat Survey (NDTS) data (see text box on page 2) indicate that the percentage of state and local law enforcement respondents that identify pharmaceuticals as their greatest drug threat increased from 2.4 percent in 2003 to 3.1 percent in 2004.

The threat posed by pharmaceuticals varies by region. Law enforcement agencies in the Northeast, Southeast, and Midwest regions were more likely to identify pharmaceuticals as their greatest drug threat than agencies in the Southwest, Pacific, and West.

Overview

The diversion and abuse of pharmaceutical narcotics, depressants, and stimulants are a significant threat to the United States. A review of the most recent national-level drug prevalence studies indicates that rates of abuse for prescription drugs have increased sharply since the early to mid-1990s but appear to be stabilizing at high levels. The consequences of prescription drug abuse also have increased since the early to mid-1990s and have continued to increase during the past 2 reporting years.

The availability of pharmaceuticals has increased since the late 1990s. Legitimate commercial production and disbursements of pharmaceuticals, particularly prescription narcotics, have increased sharply since the late 1990s, making more of the drugs available for illegal diversion. Most pharmaceutical controlled substances abused in the United States are diverted by forged prescriptions, "doctor shopping," and theft; however, law enforcement agencies report that diversion of pharmaceuticals via the Internet, often through

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Internet-based pharmacies, has increased sharply since the mid- to late 1990s.

Although most law enforcement agencies are concerned about diversion and abuse of pharmaceuticals, national-level drug survey data show that only a small percentage of state and local law enforcement agencies report that pharmaceuticals are the greatest drug threat to their areas. However, that percentage may be increasing. NDTs 2004 data indicate that 3.1 percent of state and local law enforcement agencies nationwide identified pharmaceuticals as their greatest drug threat, up from 2.4 percent in 2003. Regionally, more state and local law enforcement agencies in the Northeast (4.9%), Southeast (4.0%), and Midwest (3.2%) identify pharmaceuticals as their greatest drug threat than agencies in the Southwest (0.3%), Pacific (0.2%), and West (0.0%) regions.

Despite a demonstrable rise in pharmaceutical drug abuse since the mid- to late 1990s, NDTs data indicate that less violent or property crime is associated with pharmaceuticals than with most other drugs of abuse. NDTs 2004 data indicate that only 2.2 percent of state and local law enforcement agencies nationwide report that pharmaceuticals are the drugs that most contribute to violent crime in their areas—higher than MDMA (0.2%) but much lower than crack (40.7%), methamphetamine (34.2%), powdered cocaine (7.7%), heroin (5.8%), and marijuana (4.6%). Regionally, a higher percentage of agencies in the Northeast region (4.0%) report that pharmaceuticals are the drugs that most contribute to violent crime in their areas than agencies in the Midwest (2.6%), Southeast (2.0%), Southwest (0.3%), Pacific (0.2%), or

West (0.0%) regions. Similarly, only 2.5 percent of state and local law enforcement agencies nationwide report that pharmaceuticals are the drugs that most contribute to property crime in their areas—higher than MDMA (0.1%) but much lower than crack (35.6%), methamphetamine (32.7%), heroin (12.3%), marijuana (9.5%), and powdered cocaine (5.2%). Regionally, a higher percentage of agencies in the Northeast region (4.4%) report that pharmaceuticals are the drugs that most contribute to property crime in their areas than agencies in the Southeast (3.0%), Midwest (2.2%), Pacific (0.7%), Southwest (0.3%), or West (0.2%) regions.

National Drug Threat Survey 2004

NDTs 2004 was administered by NDIC to a representative sample of state and local law enforcement agencies throughout the United States to assess the availability and overall threat posed by the trafficking and abuse of all major drug types. NDIC received 3,429 survey responses from law enforcement agencies, an overall response rate of 98.4 percent. Survey respondents were asked to indicate the drug that posed the greatest threat to their areas and to indicate the level of availability for each major drug type. Respondents also were asked to indicate the drug type that most contributes to property crimes and violent crimes within their jurisdictions. Responding agencies also were asked to indicate the level of street gang and outlaw motorcycle gang (OMG) involvement in drug distribution in their areas. Survey responses are used by NDIC to substantiate and augment drug threat information obtained from other federal, state, and local law enforcement agencies.

Abuse

Nationwide, the rate of abuse for pharmaceuticals is relatively high compared with rates of abuse for other drug types. National Survey on Drug Use and Health (NSDUH) data indicate that 6.3 percent of persons aged 12 or older reported nonmedical use of any prescription-type pain reliever, tranquilizer, stimulant (including both

illicit and prescription methamphetamine), or sedative (not including over-the-counter drugs) in 2003, second only to marijuana (10.6%) and much higher than cocaine (2.5%) and heroin (0.1%). These rates are similar to those in 2002 when 6.2 percent of persons aged 12 and older reported nonmedical use of any prescription pain

reliever, tranquilizer, stimulant, or sedative within the past year, second only again to marijuana (11.0%) and much higher than cocaine (2.5%) and heroin (0.2%).

Monitoring the Future (MTF) data indicate that rates of abuse for “other narcotics”—prescription narcotics such as hydrocodone (Vicodin), oxycodone (OxyContin), hydromorphone (Dilaudid), and codeine—have increased over the past decade. According to MTF, the rate of past year abuse for prescription narcotics has increased among twelfth graders from 3.3 percent in 1992, to 6.2 percent in 1997, to 9.4 percent in 2002, but remained relatively stable at 9.3 percent in 2003. Among young adults (aged 19 to 28), the rate of past year abuse for prescription narcotics steadily increased each year between 1992 (2.5%) and 2001 (5.0%), but significantly increased in 2002 (7.1%) and 2003 (8.5%). NSDUH data show that past year nonmedical use of pain relievers was relatively stable from 2002 to 2003 for those aged 12 to 17 (7.6% and 7.7%, respectively), 18 to 25 (11.4% and 12.0%), and 26 or older (3.1% and 3.3%).

According to MTF, the rates of past year abuse of prescription depressants have increased overall since 1992. MTF data for 2003 show that rates of past year abuse for prescription tranquilizers such as Xanax and Valium have increased among twelfth graders from 2.8 percent in 1992, to 5.5 percent in 1998, to 7.7 percent in 2002, but then decreased to 6.7 percent in 2003. Among young adults (aged 19 to 28), the rate of past year abuse for prescription tranquilizers has increased from 3.4 percent in 1992, to 3.8 percent in 1998, to 7.0 percent in 2002, but remained relatively stable at 6.8 percent in 2003. MTF data also indicate an overall increase in the rate of past year abuse for prescription sedatives (barbiturates) among twelfth graders from 2.8 percent in 1992, to 5.5 percent in 1998, to 6.7 percent in 2002, but then decreased somewhat to 6.0 percent in 2003. The rate of past year abuse of prescription sedatives also has increased among young adults from 1.6 percent in 1992, to 2.5 percent in 1998, to 3.9 percent in both 2002 and 2003. NSDUH data

show that past year nonmedical use of tranquilizers was unchanged from 2002 to 2003 for those aged 12 to 17 (2.3% in both years) and 26 or older (1.5% in both years); the change in rates for those aged 18 to 25 (4.9% to 5.3%) was not significant. NSDUH data further show that past year nonmedical use of sedatives was quite stable from 2002 to 2003 for those aged 12 to 17 (0.6% and 0.5%, respectively), 18 to 25 (0.5% in both years), and 26 or older (0.4% and 0.3%).

Very limited national-level data regarding abuse of prescription stimulants, particularly Ritalin (methylphenidate), indicate that rates of abuse are declining. Past year rates of abuse for Ritalin have been tracked only since 2001; however, the data indicate an overall decrease from 2001 to 2003 among eighth (2.9% to 2.6%), tenth (4.8% to 4.1%), and twelfth (5.1% to 4.0%) graders. MTF data show that the rate of past year abuse of Ritalin among young adults was 2.9 percent in both 2002 and 2003. NSDUH data show that past year nonmedical use of stimulants (includes methamphetamine) was relatively stable from 2002 to 2003 for those aged 12 to 17 (2.6% and 2.3%, respectively), 18 to 25 (3.7% and 3.5%), and 26 or older (0.8% and 0.6%).

Emergency department (ED) and treatment data indicate that the consequences of prescription drug abuse have increased overall since the early to mid-1990s, with the exception of methylphenidate (Ritalin). Drug Abuse Warning Network (DAWN) data reveal that the number of ED mentions for “Narcotic Analgesics” increased steadily from 1995 (20,910), to 1998 (32,573), to 2001 (64,786), and then increased an additional 25 percent from 2001 to 2002 (64,786 to 81,002). Similarly, DAWN data show steady increases in the number of ED mentions for benzodiazepines from 1995 (76,548), to 1998 (88,808), to 2001 (103,972). The number of ED mentions for this drug category increased by 2 percent (103,972 to 105,752) from 2001 to 2002—the smallest year-to-year increase since the 1998–1999 period (88,808 to 90,539, respectively). The estimated number of ED mentions for methylphenidate has decreased steadily from 1,860 in 1995, to 1,728 in

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1998, to 1,279 in 2001 and declined again, albeit only slightly, to 1,245 in 2002.

The most recently available data from the Treatment Episode Data Set (TEDS) indicate that the number of admissions to publicly funded drug treatment facilities for prescription drug abuse has increased steadily since 1992. For example, the number of admissions for “Other Opiates”

(prescription narcotics and opium) increased from 13,671 in 1992, to 16,121 in 1995, to 19,941 in 1998, to 29,064 in 2000, to 45,605 in 2002, the most recent year for which such data are available. The number of admissions for benzodiazepines also has increased steadily from 1992 (2,882), to 1995 (3,222), to 1998 (4,524), to 2002 (7,226).

Availability

There are no conclusive estimates as to the total amount of diverted prescription narcotics, depressants, and stimulants available in domestic drug markets. However, data regarding legitimate commercial disbursement of prescription pharmaceuticals indicate that the amount of prescription drugs disbursed to pharmacies, hospitals, practitioners, and teaching institutions has increased sharply over the past 4 years, thereby rendering more of these drugs available for diversion. According to the Drug Enforcement Administration (DEA), pharmaceutical drug disbursements have increased overall since 2000, particularly for OxyContin. In fact, OxyContin appears to be supplanting other prescription narcotics such as Percodan and Lortab. OxyContin disbursements (in grams) increased from 2000 (10,415,575 g), to 2001 (14,002,125 g) to 2002 (15,118,153 g), to 2003 (16,982,548 g)—a 63.0 percent increase from 2000 to 2003. During that same period Percodan and Lortab disbursements

decreased 27.4 percent from 2000 (454,301 g), to 2001 (407,625 g), to 2002 (375,155 g), to 2003 (329,792 g). Similar data are not available for depressants or stimulants.

Wide-ranging law enforcement reporting indicates that the availability of diverted pharmaceuticals has increased over the past 3 years, an assertion supported by national-level drug survey data. NDTs 2004 data reveal that the percentage of state and local law enforcement respondents reporting high or moderate availability of diverted pharmaceuticals increased from 70.0 percent in 2002, to 72.3 percent in 2003, to 75.6 percent in 2004. NDTs 2004 data further indicate that 17.8 percent of state and local law enforcement agencies report that the availability of diverted pharmaceuticals is low, and only 3.6 percent report that diverted pharmaceuticals are not available in their areas.

Diversion

Most pharmaceuticals abused in the United States are diverted by doctor shopping, forged prescriptions, theft and, increasingly, via the Internet. To reduce the occurrence of pharmaceutical diversion by doctor shopping and prescription fraud, 21 states have established prescription monitoring programs (PMPs) that facilitate the collection, analysis, and reporting of information regarding pharmaceutical drug prescriptions. State-level PMPs have been effective in reducing the average time required to conduct pharmaceutical diversion investigations as well as reducing the estimated number of dosage units dispensed

by pharmacies and physicians to suspected abusers. For example, the Kentucky Cabinet for Health Service reports that the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system has reduced the average time to complete pharmaceutical drug investigations from 156 to 16 days. Moreover, according to the Office of National Drug Control Policy (ONDCP), establishment of the Nevada PMP has resulted in a 46 percent reduction in the estimated number of pharmaceutical dosage units distributed to suspected abusers.

National Electronic Prescription Monitoring Program

On October 5, 2004, the House of Representatives' Energy and Commerce Committee approved the amended version of the National All Schedules Reporting Act of 2003 (NASPER). The original Act was first proposed to Congress on September 30, 2002, by the American Society of Interventional Pain Physicians (ASIPP). If enacted in its proposed form, NASPER would result in the implementation of a national electronic prescription monitoring system to track Schedule II, III, and IV drug prescriptions. The proposed NASPER system is designed to reduce the abuse and diversion of prescription drugs by assisting physicians in monitoring patient drug use and by aiding law enforcement personnel in investigating pharmaceutical diversion. Under the proposed NASPER system, pharmacists would report to a central administrator the patient's identification number; the drug, date, and quantity dispensed; the prescribing physician; and the dispensing pharmacy. Data entered into the NASPER system could be used to track patient drug use, prescribing patterns of medical practitioners, prescription rates and patterns for specific drugs, prescription patterns in specific geographic locations, and prescription patterns for longtime users.

Source: U.S. Senate, S. 3033; *Pain Physician*.

Doctor Shopping

A common method of diverting pharmaceuticals is doctor shopping. Individuals who divert and acquire pharmaceuticals through doctor shopping do so by visiting numerous doctors in an attempt to obtain multiple prescriptions for the drugs, particularly prescription narcotics such as OxyContin, Percocet, and Percodan.

Doctor shoppers often falsify or exaggerate symptoms in order to obtain prescriptions for pharmaceuticals and often visit doctors they believe to be more likely to write prescriptions for such drugs. The individuals typically have their prescriptions filled at multiple pharmacies in order to avoid detection.

Florida Man Arrested for Doctor Shopping

On April 14, 2004, the Florida Department of Law Enforcement (FDLE) announced the arrest of a Florida man on charges related to doctor shopping. At the request of the Tampa Police Department, and based on information received from them, FDLE began a preliminary inquiry into allegations that the man was having numerous prescriptions for opiate-based painkillers filled at various pharmacies throughout the Tampa area within 30-day intervals. Various Tampa area doctors, without knowledge of the other prescriptions, allegedly issued the prescriptions that he supplied to multiple pharmacies. The FDLE investigation conducted into the allegations against the man revealed that he had made at least 34 visits to 14 different doctors between November 2002 and November 2003. During these visits, he obtained prescriptions for painkillers such as hydrocodone and oxycodone. He is charged with eight counts of doctor shopping. Each count is a third degree felony punishable by up to 5 years in state prison.

Source: Florida Department of Law Enforcement.

Prescription Fraud

Prescription fraud includes a variety of schemes commonly used to divert pharmaceuticals such as forging or altering prescriptions, producing counterfeit prescriptions, and calling in fictitious prescriptions to pharmacies by impersonating a physician. Pharmacists often recognize prescription fraud, particularly forged, altered, or counterfeit prescriptions, because the prescriptions are written in unfamiliar handwriting (often without abbreviations) or the prescription quantities, directions, or dosages differ from normal usage. Pharmacists also identify fraud when prescriptions resemble textbook examples or appear to be photocopied.

Baltimore Woman Indicted for Passing Counterfeit Prescriptions

On March 3, 2004, the Attorney General for the State of Maryland announced that a Baltimore woman was indicted on February 26, 2004, in the Baltimore City Circuit Court with possessing a controlled dangerous substance by counterfeit prescription, counterfeiting prescriptions, passing counterfeit prescriptions, and conspiracy to commit these crimes. The indictment alleges that she produced and passed counterfeit prescriptions for Percocet on six occasions starting on April 29, 2003, and ending on June 6, 2003.

Source: Office of the Maryland Attorney General.

Unscrupulous Physicians

Illegal prescribing by unscrupulous physicians is a significant source of diverted pharmaceuticals. Corrupt physicians create fraudulent prescriptions to obtain drugs for personal use, and they also write prescriptions for individuals

without a legitimate need for the drug for a fee. Unscrupulous physicians sometimes collaborate with unscrupulous pharmacists who dispense the drugs for an additional fee.

Maryland Dentist Pled Guilty to Unlawfully Prescribing Percocet

On January 15, 2004, the DEA Washington Field Division announced that a Hyattsville, Maryland, dentist pled guilty to two indictments in which he was charged with the unlawful distribution of oxycodone. The Hyattsville dentist acknowledged that beginning in September 2001 and continuing until his arrest in May 2003, he wrote prescriptions for female patients for several controlled substances including Percocet, OxyContin, Vicodin, other hydrocodones, and alprazolam without a legitimate medical purpose. He further admitted that he conducted no physical examination or dental treatment, maintained no patient file or record, and solicited sexual favors in return for the unlawful prescriptions. He was arrested in May 2003 after an undercover Maryland State police officer, posing as a Percocet addict, received prescriptions for Percocet on two occasions.

Source: Drug Enforcement Administration.

Theft

Millions of pharmaceutical drug dosage units are diverted each year through theft from pharmacies, manufacturers, distributors, importers/exporters, and from individuals with legitimate prescriptions. The amount of pharmaceutical dosage units diverted annually from 2000 to 2003 through theft fluctuates but has increased overall for most drugs, particularly for prescription narcotics like OxyContin. According to DEA, the number of pharmaceutical dosage units diverted through theft from pharmacies, manufacturers, distributors, and importers/exporters has increased from 2,379,389 in 2000 to 2,753,928 in 2003.

Employees of pharmaceutical drug manufacturers and commercial distributors account for much of the pharmaceuticals diverted through theft; however, others steal pharmaceuticals as well. According to the *2002 National Retail Security Survey Final Report* published by the

University of Florida, retailers attribute 48 percent of pharmaceutical inventory loss to employee theft. Individuals also break into pharmacies or clinics to steal pharmaceuticals or commit armed robberies to acquire the drugs. Individuals also steal pharmaceuticals from friends or relatives who possess legitimate prescriptions.

Pharmacy managers and law enforcement agencies in areas that have experienced a high number of pharmacy break-ins and armed robberies have taken specific steps to reduce pharmaceutical theft. For example, many pharmacies have stopped distributing specific pharmaceuticals that thieves most often target, such as OxyContin. Law enforcement in some communities, such as Boston (MA) and Pikeville (KY), have increased patrols in and around pharmacies to deter or detect break-ins and robberies.

Table 1. Theft of Pharmaceuticals From Pharmacies, Manufacturers, Distributors, and Importers/Exporters, in Dosage Units, 2000–2003

Drug	2000	2001	2002	2003
Codeine	569,425	1,223,205	596,972	622,132
Dilaudid	37,531	22,647	23,072	41,668
Lorcet	100,548	540,997	126,451	360,115
Lortab	686,197	451,091	340,325	738,584
OxyContin	260,688	519,597	587,168	464,312
Percocet	421,063	127,525	193,085	278,581
Percodan	14,646	12,704	9,151	34,102
Ritalin	117,408	123,720	74,541	67,751
Valium	171,883	176,280	145,070	146,683
Total	2,379,389	3,197,766	2,095,835	2,753,928

Source: Drug Enforcement Administration.

Pharmacy Intern Sentenced to Jail for Pharmacy Drug Theft

On April 24, 2002, the Office of the Massachusetts Attorney General announced that a former Somerville, Massachusetts, pharmacy intern pled guilty to 17 counts of uttering false prescriptions, one count of stealing controlled substances from a pharmacy, two counts of filing false Medicaid claims, nine counts of filing false care claims, three counts of larceny, and one count of making false entries in corporate books. The intern admitted to stealing many liters of narcotic fluids and more than 40,000 pills, including 16,000 tablets of Vicodin and 5,770 tablets of Xanax. A Middlesex County Superior Court judge sentenced the intern to 2½ years in the Middlesex County House of Correction, suspended, with 18 months to serve. The judge ordered the intern to pay restitution of \$35,000 to defrauded insurers.

Source: Office of the Massachusetts Attorney General.

Internet Pharmacies

Pharmaceuticals increasingly are diverted via the Internet because many Internet pharmaceutical distributors—often referred to as Internet pharmacies—offer prescription drugs to customers without requiring a prescription, physician consultation, or verification. Estimates as to the number of Internet pharmacies vary widely. For example, the National Board of Pharmacy estimates that the number of Internet pharmacies has increased from none in the mid- to late 1990s to between 400 and 1,000 in 2003. However, in January 2004 the National Center on Addiction and Substance Abuse (CASA) identified only 157 Internet sites distributing controlled pharmaceuticals to individual users, although an additional 338 Internet sites provided links to one or several of the 157 pharmaceutical distribution sites. Nevertheless, of the 157 Internet sites identified by CASA, 64 (40.7%) did not require any prescription or physician consultation to purchase prescription drugs. Moreover, 77 (49.0%) of the Internet sites only required customers to report their symptoms in an online questionnaire prior to receiving the prescription drug—there was no requirement for personal physician verification of the symptoms. Faxed prescriptions were required by 7 (4.4%) and mailed prescriptions were required by 3 (1.9%) of the sites. The remaining 6 (3.8%) sites made no reference to any prescription requirement. CASA further reports that the Internet pharmacy sites most often offered benzodiazepines such as Xanax and Valium,

followed by narcotic analgesics such as fentanyl, hydrocodone, and oxycodone, and stimulants such as Ritalin and Adderall. Moreover, none of the 157 Internets sites included security procedures preventing children from purchasing prescription drugs.

Internet Pharmacy Ring Indicted

On December 29, 2003, the Federal Bureau of Investigation (FBI) announced that a 108-count indictment was unsealed against 3 companies and 10 individuals across the country. Together, they allegedly set up a massive Internet pharmacy ring that used dozens of web sites like www.get-it-on.com to hawk dangerous and addictive drugs without the medical supervision required by law. In the process, they dispensed millions of dosage units of drugs and made more than \$150 million. A doctor, who ultimately pled guilty in the case, authorized more than 22,000 prescriptions yet never met with a single patient, performed an exam, took a patient history, or verified medical information provided. A pharmacist, who also pled guilty, ran a pharmacy in Virginia and dispensed more than 2.5 million pills yet knew that the customers' identities had not been verified and that some customers were buying massive amounts of drugs. Because so many prescriptions were filled, the pharmacist often did not even have time to prepare and review them all.

Source: Federal Bureau of Investigation.

FBI reporting indicates that many unscrupulous Internet pharmacy operators recruit corrupt physicians to write fraudulent prescriptions for their customers. FBI further reports that unscrupulous physicians are paid as much as \$1,500 per day for writing fraudulent prescriptions for Internet pharmacy patients.

Some Internet pharmacies, including some based in Mexico and Canada, distribute counterfeits of popular brand name pharmaceuticals that often contain inactive ingredients, incorrect ingredients, or improper dosages. According to FBI, most counterfeit pharmaceuticals are produced in India and China, and in some countries counterfeit pharmaceuticals are quite prevalent. In fact, FBI reporting indicates that as much as 60 percent of the pharmaceuticals sold in China, Nigeria, Thailand, Cambodia, and Indonesia are counterfeit. The Food and Drug Administration (FDA) reports that the level of counterfeit drug distribution within the United States is very low compared with other countries; however,

occurrences of distribution of counterfeit pharmaceuticals in the United States are increasing. As a result, FDA counterfeit drug investigations have increased from 6 in 1997 to 22 in 2003.

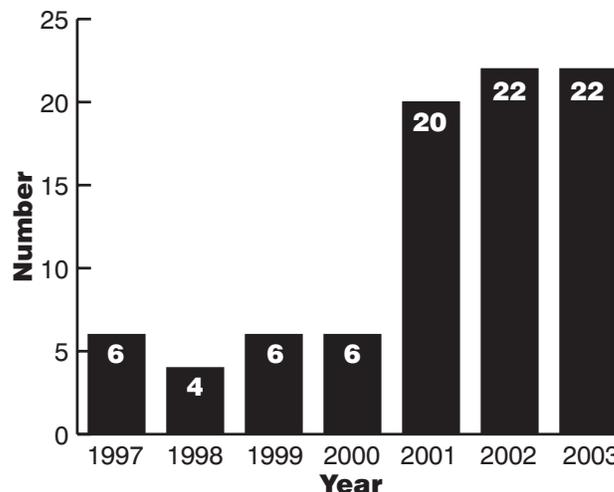


Figure 1. Counterfeit Drug Cases, 1997–2003.

Source: U.S. Food and Drug Administration.

Northeast Region

According to NDTs 2004 data, a higher percentage of state and local law enforcement respondents in the Northeast region identify pharmaceuticals as their greatest drug threat (4.9%) than agencies in any other region of the country. In addition, NDTs data show that 4 percent of state and local law enforcement agencies identify pharmaceuticals as the drugs that most contribute to violent crime, while 4.4 percent report that pharmaceuticals are the drugs that contribute most to property crime in their areas.

The diversion and abuse of prescription narcotics such as oxycodones (OxyContin, Percocet, and Percodan), hydrocodones (Lorcet and Vicodin) and, to a lesser extent, hydromorphones (Dilaudid) are significant and increasing threats to the Northeast region. NDTs 2004 data indicate that a high percentage of state and local law enforcement agencies in the Northeast region report that oxycodones (72.6%) and hydrocodones (50.7%) are commonly diverted and abused in their areas. A smaller percentage of agencies

(7.8%) report that hydromorphones are commonly diverted and abused in their areas.

Regional drug prevalence data are not available; however, drug consequence data show increases in the number of ED mentions and treatment admissions for prescription narcotics. DAWN data indicate that the combined number of ED mentions for “Narcotic Analgesics” (prescription narcotics) for the seven DAWN reporting cities in the Northeast region (Baltimore, Boston, Buffalo, District of Columbia, Newark, New York City, and Philadelphia) increased sharply and steadily from 2000 (8,842 mentions), to 2001 (12,289 mentions), to 2002 (15,944 mentions). Furthermore, TEDS data show that admissions to publicly funded treatment facilities in the Northeast region for “Other Opiates” (nonheroin opiates/synthetics) also increased sharply from 2000 (9,317 admissions), to 2001 (11,971 admissions), to 2002 (15,684 admissions), the most recent year for which data are available.

Lollipop-Shaped Fentanyl Products Diverted In Eastern Pennsylvania

Law enforcement officials with the DEA Philadelphia Field Division and Philadelphia and Carbondale Police Departments report increasing diversion and distribution of a prescription pain reliever known as Actiq (oral transmucosal fentanyl citrate). Actiq contains a form of fentanyl—a synthetic opiate that possesses an analgesic potency approximately 80 times stronger than morphine. The FDA approved Actiq in November 1998 for the management of cancer pain for patients with malignancies who had already received and become tolerant to opioid therapy. Actiq, one of several fentanyl products available by prescription, is distributed as a medicated raspberry-flavored lozenge attached to a short handle resembling a lollipop. As the medicated lozenge dissolves, the active ingredient (fentanyl citrate) is absorbed through the lining of the mouth. Actiq is intended only for those already on an opioid-based pain management program.

Source: Drug Enforcement Administration; U.S. Food and Drug Administration; Philadelphia Police Department; Carbondale Police Department.

Law enforcement survey data as well as TEDS and DAWN data indicate that prescription depressant diversion and abuse are significant and increasing threats to the Northeast region. NDTs 2004 data show that the percentage of state and local law enforcement agencies in the Northeast region that report Valium and Xanax are commonly diverted and abused in their areas is 66.6 percent and 65.8 percent, respectively. DAWN data show that the combined number of ED mentions for benzodiazepines (Valium and Xanax) increased in the seven DAWN reporting cities (Baltimore, Boston, Buffalo, District of Columbia, Newark, New York City, and Philadelphia) in the Northeast region from 2000 (11,634 mentions), to 2001 (12,930 mentions), to 2002 (13,392 mentions), the most recent year for which such data are available. TEDS data show an increase in the number of treatment admissions within the region for prescription depressants (tranquilizers and sedative/hypnotics) such as

Valium and Xanax. According to TEDS, the number of treatment admissions to publicly funded treatment facilities in the Northeast region for depressants increased from 2000 (4,314 admissions), to 2001 (4,768 admissions), to 2002 (4,853 admissions).

Prescription Depressant Neurontin Diverted and Distributed in New Hampshire

On July 22, 2004, Enfield Police Department officers seized Neurontin, a prescription depressant, while investigating illicit OxyContin distribution in western New Hampshire. During the investigation, a 57-year-old male who was selling OxyContin to undercover officers also offered them 10 samples of Neurontin in various dosage amounts. After arresting the alleged distributor on charges of distributing and selling controlled substances, officers searched the defendant's residence and found additional quantities of OxyContin and Neurontin as well as five loaded firearms. Officers learned that the defendant had received the OxyContin and Neurontin from two pharmacists, one in Tennessee and one in Florida. Officers believe that the defendant knew the Tennessee practitioner because the defendant had lived in Tennessee before moving to New Hampshire 2 years ago. The defendant allegedly was distributing the pharmaceuticals to Enfield area youths.

Source: Enfield Police Department.

The diversion and abuse of pharmaceutical stimulants, particularly methylphenidate (Ritalin), are a concern to law enforcement and public health agencies; however, the threat posed to the region by stimulant diversion and abuse appears to be lower than that of prescription narcotics and depressants. NDTs 2004 data show that 54.8 percent of state and local law enforcement agencies in the Northeast region report that Ritalin is commonly diverted and illicitly used in their areas. DAWN and TEDS data regarding the number of ED mentions and treatment admissions to publicly funded treatment facilities for prescription stimulants are not available.

Southeast Region

NDTS 2004 data reveal that 4.0 percent of state and local law enforcement agencies in the Southeast identify diverted pharmaceuticals as their greatest drug threat. Survey data also indicate that 2.0 percent of southeastern state and local law enforcement agencies report that pharmaceuticals are the drugs that most contribute to violent crime in their areas, while 3.0 percent report that pharmaceuticals contribute most to property crime. Despite the relatively small percentage of law enforcement agencies in the Southeast region that identify pharmaceuticals as their greatest drug threat, diversion and abuse of such drugs are common.

The diversion and abuse of prescription narcotics such as oxycodones (OxyContin, Percocet, and Percodan), hydrocodones (Lorcet and Vicodin) and, to a lesser extent, hydromorphones (Dilaudid) are significant and increasing threats to the Southeast region. NDTS 2004 data indicate a high percentage of state and local law enforcement agencies in the Southeast region report that oxycodones (86.3%) and hydrocodones (81.1%) are commonly diverted and abused in their areas. A smaller percentage of agencies (17.6%) report that hydromorphones are commonly diverted and abused in their areas.

Regional drug prevalence data are not available; however, drug consequence data show increases in the number of ED mentions and treatment admissions for prescription narcotics. DAWN data indicate that the combined number of ED mentions for "Narcotic Analgesics" (prescription narcotics) for the three DAWN reporting cities in the Southeast region (Atlanta, Miami, and New Orleans) increased significantly from 2000 (1,353 mentions), to 2001 (1,602 mentions), to 2002 (1,831 mentions). TEDS data show that admissions to publicly funded treatment facilities in the Southeast region for "Other Opiates" (prescription narcotics and opium) increased sharply from 2000 (7,724 admissions), to 2001 (10,351 admissions), to 2002 (12,633 admissions), the most recent year for which data are available.

Traffic Stop in Alabama Results in Large Seizure of Hydrocodone

On March 11, 2004, officers with the Harpsville (AL) Police Department seized 3,957 grams (approximately 9,000 dosage units) of hydrocodone during a traffic stop on U.S. Highway 280 in Harpsville. According to officials, the officers stopped a minivan for an improper lane change. After routine questioning of the driver, a 54-year-old male, officers requested and received consent to search the vehicle. During the search, officers discovered the hydrocodone in three bags, which were taped together and concealed under paint supplies in the cargo area of the van. The driver was arrested and charged with felony unlawful possession of a controlled substance. Evidence in the vehicle indicated that the driver had obtained the hydrocodone at a Childersburg pharmacy. A subsequent investigation by Shelby County Drug Enforcement Task Force officers and Alabama State Board of Pharmacy investigators resulted in the arrest of the pharmacy owners, who were husband and wife. Both were charged with conspiracy to commit a controlled substance crime.

Source: Harpsville Police Department.

Law enforcement survey data as well as DAWN and TEDS data indicate that prescription depressant diversion and abuse are significant and increasing threats to the Southeast region. NDTS 2004 data show that the percentages of state and local law enforcement agencies in the Southeast region that report Valium and Xanax are commonly diverted and abused in their areas are 79.7 percent and 88.4 percent, respectively. DAWN data show that the combined number of ED mentions for benzodiazepines (Valium and Xanax) increased sharply in the three DAWN reporting cities (Atlanta, Miami, and New Orleans) in the Southeast region from 2000 (2,079 mentions), to 2001 (2,402 mentions), to 2002 (2,729 mentions), the most recent year for which such data are available. TEDS data show a sharp increase in the number of treatment admissions within the region

Pharmaceuticals Drug Threat Assessment

for prescription depressants (tranquilizers and sedatives/hypnotics) such as Valium and Xanax. According to TEDS, the number of treatment admissions to publicly funded treatment facilities in the Southeast region for depressants increased from 2000 (2,711 admissions), to 2001 (3,117 admissions), to 2002 (3,308 admissions).

The diversion and abuse of pharmaceutical stimulants, particularly methylphenidate (Ritalin), are a concern to law enforcement and public health agencies; however, the threat posed to the

region by stimulant diversion and abuse appears to be lower than that of prescription narcotics and depressants. NDTS 2004 data show that only 53.0 percent of state and local law enforcement agencies in the Southeast region report that Ritalin is commonly diverted and illicitly used in their areas. DAWN and TEDS data regarding the number of ED mentions and treatment admissions to publicly funded treatment facilities for prescription stimulants are not available.

Midwest Region

NDTS data for 2004 show that 3.2 percent of state and local law enforcement agencies in the Midwest report that diverted pharmaceuticals pose the greatest drug threat to their areas. Moreover, NDTS 2004 data show that 2.6 percent of agencies in the Midwest region report that diverted pharmaceuticals are the drugs contributing most to violent crime in their areas, while 2.2 percent of agencies report that these drugs contribute most to property crime. Although only a small percentage of state and local law enforcement agencies identify pharmaceuticals as the greatest drug threat in their areas, the diversion and abuse of these drugs remain a concern.

The diversion and abuse of prescription narcotics such as oxycodones (OxyContin, Percocet, and Percodan), hydrocodones (Lorcet and Vicodin) and, to a lesser extent, hydromorphones (Dilaudid) are significant and increasing threats to the Midwest region. NDTS 2004 data indicate a high percentage of state and local law enforcement agencies in the Midwest region report that oxycodones (60.9%) and hydrocodones (51.8%) are commonly diverted and abused in their areas. A smaller percentage of agencies (7.8%) report that hydromorphones are commonly diverted and abused in their areas.

Regional drug prevalence data are not available; however, drug consequence data show increases in the number of ED mentions and treatment admissions for prescription narcotics. DAWN data indicate that the combined number

of ED mentions for “Narcotic Analgesics” (prescription narcotics) for the four DAWN reporting cities in the Midwest region (Chicago, Detroit, Minneapolis, and St. Louis) increased sharply and steadily from 2000 (4,422 mentions), to 2001 (6,413 mentions), to 2002 (7,728 mentions). Furthermore, TEDS data show that admissions to publicly funded treatment facilities in the Midwest region for “Other Opiates” (nonheroin opiates/synthetics) increased significantly from 2000 (4,463 admissions), to 2001 (5,254 admissions), to 2002 (6,549 admissions), the most recent year for which data are available.

Law enforcement survey data as well as DAWN and TEDS data indicate that prescription depressant diversion and abuse are a significant threat to the Midwest region. NDTS 2004 data show that the percentages of state and local law enforcement agencies in the Midwest region that report Valium and Xanax are commonly diverted and abused in their areas are 71.2 percent and 62.8 percent, respectively. DAWN data show that the combined number of ED mentions for benzodiazepines (Valium and Xanax) increased sharply in the four DAWN reporting cities (Chicago, Detroit, Minneapolis, and St. Louis) in the Midwest region from 2000 (5,995 mentions), to 2001 (7,033 mentions), to 2002 (8,149 mentions), the most recent year for which such data are available. However, TEDS data have fluctuated in the number of treatment admissions within the region for prescription depressants (tranquilizers and

sedatives) such as Valium and Xanax. According to TEDS, the number of treatment admissions to publicly funded treatment facilities in the Midwest region for depressants decreased from 1,538 admissions in 2000 to 1,477 admissions in 2001, but increased to 1,636 admissions in 2002.

The diversion and abuse of pharmaceutical stimulants, particularly methylphenidate (Ritalin), are a concern to law enforcement and public health agencies; however, the threat posed

to the region by stimulant diversion and abuse appears to be lower than that of prescription narcotics and depressants. NDTs 2004 data show that 56.6 percent of state and local law enforcement agencies in the Midwest region report that Ritalin is commonly diverted and illicitly used in their areas. DAWN and TEDS data regarding the number of ED mentions and treatment admissions to publicly funded treatment facilities for prescription stimulants are not available.

Arrest of Wholesale Xanax Suppliers

Investigators with the Warren-Clinton County Task Force report that three Mexican nationals were indicted in the U.S. District Court for the Southern District of Ohio for allegedly supplying wholesale quantities of Xanax to distributors in Ohio. According to the investigators, the defendants were arrested on July 10, 2004, in Kyle, Texas, and indicted on charges of conspiracy to distribute a controlled substance. Investigators identified the defendants after arresting an alleged retail distributor of diverted pharmaceutical drugs and his midlevel distributor in early 2004. During a follow-up investigation, investigators discovered that the midlevel supplier had obtained bulk quantities of Xanax from the three defendants. The defendants allegedly smuggled Xanax from Mexico into Texas and then sold the drugs to the midlevel distributor. The midlevel distributor traveled to Texas several times a month to purchase 70,000 to 100,000 Xanax tablets from the defendants. On one occasion the midlevel distributor allegedly purchased 300,000 tablets. The midlevel distributor bought Xanax from the defendants for \$0.50 per tablet in Texas and then sold the tablets in southwestern Ohio and northern Kentucky for \$1 per tablet to retail distributors. The retail distributor in Ohio usually sold the tablets locally for \$3 per tablet. Other agencies participating in the investigation include DEA, FBI, Ohio Bureau of Criminal Identification and Investigation, and Texas Department of Public Safety.

Source: Warren-Clinton County Task Force.

Southwest Region

According to NDTs 2004 data, less than 1 percent (0.3%) of state and local law enforcement agencies in the Southwest report that diverted pharmaceuticals are the greatest drug threat to their areas. Similarly, just 0.3 percent of all responding agencies in the Southwest report that diverted pharmaceuticals contribute most to both property and violent crimes in their areas.

The diversion and abuse of prescription narcotics such as hydrocodones (Lorcet and Vicodin), oxycodones (OxyContin, Percocet, and Percodan) and, to a lesser extent, hydromorphones (Dilaudid) are significant and increasing threats to the Southwest region. NDTs 2004 data indicate a high percentage of state and local law

enforcement agencies in the Southwest region report that hydrocodones (64.6%) and oxycodones (42.1%) are commonly diverted and abused in their areas. A smaller percentage of agencies (4.9%) report that hydromorphones are commonly diverted and abused in their areas.

Regional drug prevalence data are not available; however, drug consequence data show increases in the number of ED mentions and treatment admissions for prescription narcotics. DAWN data indicate that the combined number of ED mentions for "Narcotic Analgesics" (prescription narcotics) for the two DAWN reporting cities in the Southwest region (Dallas and Phoenix) increased from 2000 (1,282 mentions), to

2001 (1,717 mentions), to 2002 (1,736 mentions). Furthermore, TEDS data show that admissions to publicly funded treatment facilities in the Southwest region for “Other Opiates” (nonheroin opiates/synthetics) increased from 2000 (924 admissions), to 2001 (1,476 admissions), to 2002 (1,761 admissions), the most recent year for which data are available.

Law enforcement survey data as well as TEDS data indicate that prescription depressant diversion and abuse are increasing threats to the Southwest region; however, DAWN data have fluctuated over the past few years. NDTs 2004 data show that the percentages of state and local law enforcement agencies in the Southwest region that report Xanax and Valium are commonly diverted and abused in their areas are 67.6 percent and 73.4 percent, respectively. TEDS data show an increase in the number of treatment admissions within the region for prescription depressants (tranquilizers and sedatives) such as Xanax and Valium. According to TEDS, the number of treatment admissions to publicly funded treatment facilities in the Southwest region for depressants increased from 2000 (519 admissions), to 2001 (709 admissions), then remained stable in 2002 (708 admissions). However, DAWN data show that the combined number of ED mentions for benzodiazepines (Xanax and Valium) fluctuated in the two DAWN reporting cities (Dallas and Phoenix) in the Southwest region from 2000 (2,246 mentions), to 2001 (2,834 mentions), to 2002 (2,511 mentions), the most recent year for which such data are available.

The diversion and abuse of pharmaceutical stimulants, particularly methylphenidate (Ritalin), is a concern to law enforcement and public health agencies; however, the threat posed to the region by stimulant diversion and abuse appears to be lower than that of prescription narcotics and depressants. NDTs 2004 data show

**Youth Arrested for Transporting
Pharmaceutical Depressant
From Mexico**

On April 27, 2004, officers from the Gilbert Police Department arrested a 16-year-old female and charged her with possession, transport of a prescription drug for sale, and possession of drug paraphernalia. On April 24, 2004, the girl and a friend traveled with the girl’s parents to Mexico where the girl allegedly purchased 2,900 tablets of carisoprodol, a drug legitimately prescribed in the United States to treat muscle pain, spasms, and stiffness usually under the brand name Soma. The girl allegedly purchased the drug with her own money as well as money provided by other teenagers who had placed orders with her for the drug. Upon returning to the United States, the girl distributed the tablets to the teenagers who subsequently sold them at fast food restaurants, in a grocery store parking lot, and at friends’ houses. Local law enforcement officers seized 1,365 of the tablets purchased by the girl. As a result of a joint investigation conducted by Gilbert and Mesa police, seven other teenagers aged 15 to 17, including the friend who went to Mexico, were charged with possession of a prescription drug or possession of a prescription drug for sale. Local authorities learned about the drug purchase from information provided by a teacher to local school resource officers.

Source: Gilbert Police Department.

that 42.9 percent of state and local law enforcement agencies in the Southwest region report that Ritalin is commonly diverted and illicitly used in their areas. DAWN and TEDS data regarding the number of ED mentions and treatment admissions to publicly funded treatment facilities for prescription stimulants are not available.

Pacific Region

Less than 1 percent (0.2%) of state and local law enforcement agencies in the Pacific region report that diverted pharmaceuticals are the greatest drug threat to their areas, according to NDTs 2004 data. Moreover, a very low percentage of agencies in the Pacific region report that diverted pharmaceuticals contribute most to violent crime (0.2%) and property crime (0.7%).

The diversion and abuse of prescription narcotics such as hydrocodones (Lorcet and Vicodin), oxycodones (OxyContin, Percocet, and Percodan) and, to a lesser extent, hydromorphones (Dilaudid) are significant and increasing threats to the Pacific region. NDTs 2004 data indicate a high percentage of state and local law enforcement agencies in the Pacific region report that hydrocodones (59.7%) and oxycodones (59.5%) are commonly diverted and abused in their areas. A smaller percentage of agencies (7.4%) report that hydromorphones are commonly diverted and abused in their areas.

Members of Polydrug Trafficking Organization Arrested

On September 9, 2004, the California Department of Justice released information regarding the arrests of 26 members of a Sacramento-based polydrug trafficking organization allegedly involved in the trafficking of diverted pharmaceuticals as well as steroids, marijuana, and methamphetamine. Since April 2004 law enforcement authorities have seized 250 Vicodin tablets, 250 oxycodone tablets, an unspecified quantity of steroids, more than 100 pounds of marijuana, and 1 pound of methamphetamine. Assets seized as a result of the investigation have included 34 weapons, 13 motorcycles, 9 vehicles, 2 boats, a motor home, and over \$127,000. Numerous sheriff's offices, area task forces, and police departments, the Sacramento County District Attorney's Office, California Highway Patrol, and California Department of Corrections have assisted in the investigation.

Source: California Department of Justice.

Regional drug prevalence data are not available; however, drug consequence data show high numbers for ED mentions and increases in treatment admissions for prescription narcotics. DAWN data indicate that the combined number of ED mentions for "Narcotic Analgesics" (prescription narcotics) for the four DAWN reporting cities in the Pacific region (Los Angeles, San Diego, San Francisco, and Seattle) fluctuated but remained high from 2000 (3,785 mentions), to 2001 (5,287 mentions), to 2002 (4,778 mentions). TEDS data show that admissions to publicly funded treatment facilities in the Pacific region for "Other Opiates" (nonheroin opiates/synthetics) increased from 2000 (3,409 admissions), to 2001 (3,680 admissions), to 2002 (4,676 admissions), the most recent year for which data are available.

Law enforcement survey data as well as TEDS and DAWN data indicate that prescription depressant diversion and abuse are significant and increasing threats to the Pacific region. NDTs 2004 data show that the percentage of state and local law enforcement agencies in the Pacific region that report Valium and Xanax are commonly diverted and abused in their areas are 73.7 percent and 44.7 percent, respectively. DAWN data show that the combined number of ED mentions for benzodiazepines (Valium and Xanax) increased slightly in the four DAWN reporting cities (Los Angeles, San Diego, San Francisco, and Seattle) in the Pacific region from 2000 (5,194 mentions), to 2001 (5,314 mentions), to 2002 (5,316 mentions), the most recent year for which such data are available. TEDS data show an increase in the number of treatment admissions within the region for prescription depressants (tranquilizers and sedatives) such as Valium and Xanax. According to TEDS, the number of treatment admissions to publicly funded treatment facilities in the Pacific region for depressants increased from 2000 (902 admissions), to 2001 (1,081 admissions), to 2002 (1,128 admissions).

Pharmaceuticals Drug Threat Assessment

The diversion and abuse of pharmaceutical stimulants, particularly methylphenidate (Ritalin), are a concern to law enforcement and public health agencies; however, the threat posed to the region by stimulant diversion and abuse appears to be lower than that of prescription narcotics and depressants. NDTs 2004 data show that only 40.8

percent of state and local law enforcement agencies in the Pacific region report that Ritalin is commonly diverted and illicitly used in their areas. DAWN and TEDS data regarding the number of ED mentions and treatment admissions to publicly funded treatment facilities for prescription stimulants are not available.

West Region

According to NDTs 2004 data, 0.0 percent of the state and local law enforcement agencies in the West region report that pharmaceuticals are the greatest drug threat to their areas. Additionally, 0.0 percent of the agencies reported that diverted pharmaceuticals contribute most to violent crime in their areas; however, a few agencies (0.2%) report that diverted pharmaceuticals are the drugs that contribute most to property crime in their areas. Although in comparison with illicit drugs, the threat posed to the West by diverted pharmaceuticals is relatively small, law enforcement agencies in the West region report ready availability and frequent abuse of prescription drugs.

The diversion and abuse of prescription narcotics such as oxycodones (OxyContin, Percocet, and Percodan), hydrocodones (Lorcet and Vicodin) and, to a lesser extent, hydromorphones (Dilaudid) are significant and increasing threats to the West region. NDTs 2004 data indicate a high percentage of state and local law enforcement agencies in the West region report that oxycodones (78.1%) and hydrocodones (71.1%) are commonly diverted and abused in their areas. A smaller percentage of agencies (11.3%) report that hydromorphones are commonly diverted and abused in their areas.

Regional drug prevalence data are not available; however, drug consequence data show a significant number of ED mentions and treatment admissions for prescription narcotics. DAWN data indicate that the combined number of ED mentions for "Narcotic Analgesics" (prescription narcotics) for the one DAWN reporting city in the West region (Denver) fluctuated but remained significant from 2000 (396 mentions), to 2001 (531 mentions), to 2002 (395 mentions).

Furthermore, TEDS data show that admissions to publicly funded treatment facilities in the West region for "Other Opiates" (nonheroin opiates/synthetics) increased from 2000 (1,116 admissions), to 2001 (1,219 admissions), to 2002 (1,380 admissions), the most recent year for which data are available.

Traffic Stop Results in Large Codeine Seizure

On May 26, 2004, a Utah Highway Patrol trooper arrested a 26-year-old male and a 27-year-old male and seized 13 gallons of promethazine cough syrup with codeine during a routine traffic stop on Interstate 70. The trooper initially stopped the vehicle for speeding. During routine questioning, the driver advised the trooper that he and his passenger were returning to Kentucky after a visit to Las Vegas. The trooper obtained permission to run a check on the driver's Kentucky license. The trooper discovered that the driver's license had been suspended and took the driver into custody. The trooper then called for backup and requested and received consent to search the vehicle. The troopers discovered a snow cone-making machine and 13 snow cone syrup containers in the trunk. The troopers became suspicious after noticing that 10 of the syrup containers had been opened and resealed. The passenger indicated that he had purchased the snow cone maker and syrup in California. The driver and passenger were detained while a sample of the liquid was taken to a laboratory for immediate testing. When test results identified the substance as codeine, both were arrested and charged with possession of a controlled substance.

Source: Utah Highway Patrol.

Law enforcement survey data as well as DAWN and TEDS data indicate that diversion and abuse of prescription depressants are significant threats to the West region. NDTs 2004 data show that the percentages of state and local law enforcement agencies in the West region that report Valium and Xanax are commonly diverted and abused in their areas are 65.5 percent and 62.9 percent, respectively. DAWN data show that the combined number of ED mentions for benzodiazepines (Valium and Xanax) fluctuated but remained significant in the one DAWN reporting city (Denver) in the West region from 2000 (568 mentions), to 2001 (644 mentions), to 2002 (504 mentions), the most recent year for which such data are available. TEDS data indicate increases in the number of treatment admissions within the region for prescription depressants (tranquilizers and sedatives) such as Valium and Xanax. According to TEDS, the number of treatment

admissions to publicly funded treatment facilities in the West region for depressants increased from 2000 (365 admissions), to 2001 (373 admissions), to 2002 (640 admissions).

The diversion and abuse of pharmaceutical stimulants, particularly methylphenidate (Ritalin), are a concern to law enforcement and public health agencies; however, the threat posed to the region by stimulant diversion and abuse appears to be lower than that of prescription narcotics and depressants. NDTs 2004 data show that only 52.3 percent of state and local law enforcement agencies in the West region report that Ritalin is commonly diverted and illicitly used in their areas. DAWN and TEDS data regarding the number of ED mentions and treatment admissions to publicly funded treatment facilities for prescription stimulants are not available.

Outlook

The abuse of pharmaceutical drugs is likely to decline in the near term. MTF data indicate that rates of past year use for pharmaceutical narcotics, depressants, and stimulants have increased sharply from the early to mid-1990s to 2001-2002 but have since declined for nearly every surveyed age group. In fact, only rates of past year use for prescription narcotics among young adults (aged 19 to 28) have increased from 2001 (5.0%) to 2003 (8.5%). Rates of past year use for prescription stimulants and depressants have declined or remained stable for every surveyed age group from 2002 to 2003.

Despite a possible rise in the diversion of pharmaceutical drugs via the Internet, pharmaceutical drug diversion is likely to decrease overall in the near term. Sharp increases in law enforcement pressure on unscrupulous physicians as well as increasing use of statewide prescription monitoring programs could sharply reduce the illegal diversion of prescription drugs through illegal prescribing, prescription fraud, and doctor shopping. Moreover, increasing protection of pharmaceutical drug inventories at individual pharmacies will likely further reduce the amount of pharmaceuticals illegally diverted through theft.

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